U.S. Department of Labor Office of Labor-Managament Standards Working Ma, DC 20210 J

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For C	Official Use Only 🔊
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS KEPORT.

1. File Number U - 3774	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name william m ramos	Name hapjac			
	Labor Organization File Number 039-446			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 24303 emory green st	Street 454 link rd			
City katy	City houston			
State Texas ZIP Codo + 4 77493 - 3535	State Texas ZIP Code + 4 77249 - 8653			
5. Position in labor organization. executive poard				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or irrefrectly had any of the following interests (axcapt as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name HAPJAC	ASSE ANNUAL CONFRINCE- AIRPARE 11/10-11/14/2005 ST.LOUIS MISSOURN
Trade Name, if any:	
P.O. Box, Bldg., Room No., if arry	
	7.b. Amount.
Street 454 Link rd	
City houst:on	\$280
State Texa 3 ZIF Code + 4 77249-	8653

Signature

15. Signature and verification. The undersigned decores, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been a currined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Elect	W King	On	3/30/2006	281-404-5481
			=	Date	Telephone Number

Be Held are terest in or derived income or economic bonefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name HAPJAC a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any X c. Employer Street 454 LINK RD HOUSTON City State Texas ZIP Code + 4 77249-8653 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. ASSE ANNUAL CONFRENCE REGISTARTION 9/29/2005 Name HAPJAC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 454 LIINK RD 11.b. Approximate dollar value of such dealing. \$300 HOUSTON City 12.a. Nature of interest he c or income received. ASSE ANNUAL CONFRINCE , REIMBURSE EXPENSES 11/15/2005 State Texas ZIP (Codo + 4 77249-8653 12.b. Amount. \$132

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	WAGES ,ATTENDING .4SSE ANNUAL CONFRENCE		
Name нарјас			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street 454 LINK RD			
City HOUSTON			
State Texas ZiP Codo + 4 77249-8653			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$59		